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	Application Number	10/533,749	T Cililess II	displays a valid OMB control Hulliber.				
TRANSMITTAL	Filing Date	05/10/2005						
FORM	First Named Inventor	Lawrence Allan Lynn						
	Art Unit	3767						
	Examiner Name	Mehta, Bhisma						
(to be used for all correspondence after initial to	Attorney Docket Number							
Total Number of Pages in This Submission 22								
ENCLOSURES (Check all that apply)								
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers		Appea	Allowance Communication to TC				
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks Total number of pages includes all for	Address Re	Appea (Appea Propri Status Other below	peals and Interferences al Communication to TC al Notice, Brief, Reply Brief) etary Information s Letter Enclosure(s) (please Identify): Continued Examination (RCE)				
SIGNA	TURE OF APPLICANT, ATTO	RNEY, OR A	SENT					
Firm Name The Sleep and Breathing	Research Institute							
Signature				·				
The state of the s								
Printed name Lawrence A. Lynn								
Date 9/2/2008	F	Reg. No.						
CERTIFICATE OF TRANSMISSION/MAILING								
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Signature								
Typed or printed name Tracy L. Amigo		Date	9/2/2008					

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Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/533,749 FEE TRANSMITTA Filing Date 05/10/2005 **For FY 2008** First Named Inventor Lawrence Allan Lynn **Examiner Name** Mehta, Bhisma Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3767 TOTAL AMOUNT OF PAYMENT (\$) 1,215.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 310 Utility 155 510 210 255 105 Design 210 105 100 130 50 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 210 Provisional 0 105 0 n 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) **Fee Description** Fee (\$) 50 Each claim over 20 (including Reissues) 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims** Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee (\$) Fee Paid (\$) (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY		115	-	
Signature	The state of the s	Xe	Registration No. (Attorney/Agent)	Telephone 614-297-7704
Name (Print/Type	Lawrence A. Lynn			Date 09/2/2008

Other (e.g., late filing surcharge): Petition for Revival -Unintentionally Abandoned & RCE

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